VISCOSUPPLEMENTS

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euflexxa</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Gel-One</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Gelsyn-3</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Genvisc</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Hyalgan</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Hymovis</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Monovisc</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Orthovisc</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Supartz</td>
<td>Sodium Hyaluronate</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Synvisc/-One</td>
<td>Hylan polymers</td>
<td>Per Medical Guidelines</td>
</tr>
</tbody>
</table>

Approvable Criteria:

- Diagnosis of mild to moderate osteoarthritis of the knee, **AND**
- Documentation of a trial and failure of two or more NSAIDs, or a documented intolerance to NSAIDs with a condition such as peptic ulcer disease, **AND**
- Mild analgesics, such as acetaminophen, have not been effective in pain reduction, or Trial and failure of other conservative treatment, **AND**
- The member must not have large effusions of the knee, **AND**
- The joint injected must be the knee(s), **AND**
- The member has not had a previous reaction of an earlier administration of one of these medications.

Re-treatment may be covered after 6 months from the initial course of therapy with documentation that there had been significant improvement with the initial complement of injections and further treatment options are limited to joint replacement surgery.

**Approvable Course of Treatment:**
- Euflexxa – weekly injections for 3 weeks
- Gel-One – single injection
- Gelsyn-3 – weekly injections for 3 weeks
- Genvisc – weekly injections for 5 weeks
- Hyalgan – weekly injections for 5 weeks
- Hymovis – weekly injection for 2 weeks
- Monovisc – single injection
- Orthovisc – weekly injection for 3 or 4 weeks
- Supartz – weekly injections for 5 weeks
- Synvisc – weekly injections for 3 weeks

**Continued on the following page...**
VISCOSUPPLEMENTS

SPECIALTY PHARMACY PRODUCT

Benefit Exclusions:

- Injection of more than one brand/type of viscosupplement during a course of treatment is **not a covered benefit**.
- More injections than outlined under Course of Treatment are **not a covered benefit**.

**Reference:**